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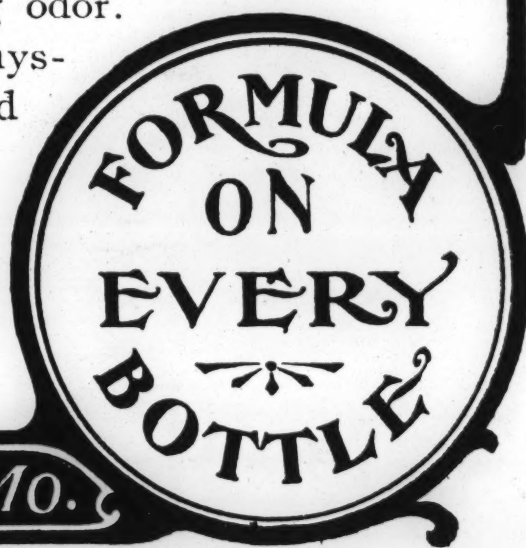
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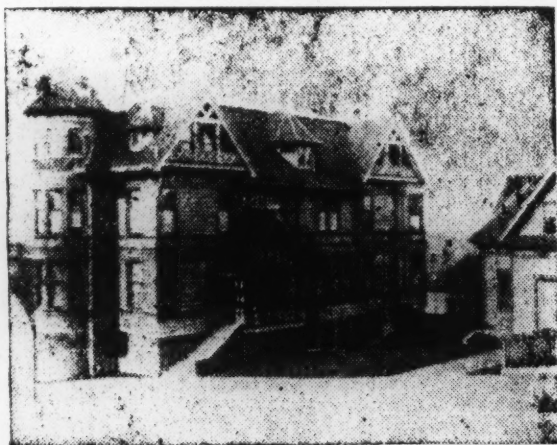
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The Study in Therapeutics.

F. J. PETERSEN, M. D., LOS OLIVOS, CALIFORNIA.

ONE of the most important studies in medicine, one which is too little understood, and only too often neglected, is the action of drugs.

It is an interesting and deep one, in fact a study of a lifetime. For these reasons it should be given more attention and the study of it made more simple. That the success of the practitioner depends on a thorough knowledge of the action of drugs and ability to apply the same, as well as a certain amount of business tact is a well known fact. In order to do this it is necessary to understand the action of a drug as a whole and study by comparison. Then it will be easier to become familiar with the action of a few hundred drugs than fifty in the general way in vogue at the present time.

To be true therapists we must recognize the action of any drug in its entirety. That is to say, at least be familiar with the basic symptoms of the

full physiological action; basic indications for the drug in its primary action, and secondary or mild physiological action. To do this it is necessary to understand that many drugs are too strong or poisonous to be of any therapeutic value in their secondary action; while others are so mild that even in large doses we only get their primary effect.

Most drugs, however, have therapeutic value in both primary and secondary action. This is what is generally termed dual action. In the latter we find that the basic indications for its primary use correspond with the basic symptoms of the physiological action of the drug. The basic indications of the secondary action we find to be reverse to the basic indications of the primary action. Then with a thorough knowledge of the physiological action of drugs we have the key to the primary and secondary indications. Physiolog-

ical action in the drug we will consider should not be mistaken for the full toxic effect, that in such cases as terminate fatally as a rule, as that is the stage of dissolution.

The drug, to serve as illustration, is belladonna. The synonym, part employed, natural order, natural habitat, properties and its botany have been excluded as they are of no value here. Indications as you will notice are not given in detail, but simply the basic indications to make the subject clear.

BELLADONNA:

Physiological action: In physiological doses it produces active hyperæmia and full but active cerebral capillary circulation, manifesting itself by dryness of throat, burning dryness of throat, pupils dilated, eyes injected, intolerance of light, impairment of vision, face flushed red and may almost be purple, throbbing carotids, headache eased in the vertical position, worse lying down or bending forward. Insomnia, marked restlessness and talkativeness, wild and even furious delirium with illusions and hallucinations; muscular twichings, a scarlet rash may appear on the body. *In fatal doses* the delirious excitement is followed by incoordination of muscles, motor paralysis, profound stupor, feeble pulse, general prostration, followed by coma, convulsions and death.

BASIC INDICATIONS FOR ITS PRIMARY ACTION:

In conditions where there is full active capillary cerebral circulation, marked rush of blood to the head. Especially useful in the first stage of inflammation and fever, throat dry, burning dry throat, eyes injected, in-

tolerance of light, headache eased in vertical position, worse lying down or bending forward. Insomnia, marked restlessness, wild and even furious delirium with illusions and hallucinations.

Dose: five or six drops of 3 x or 12 x in two ounces of water; half to one teaspoonful every half to four hours as the severity of the case demands. To be discontinued as soon as symptoms are corrected.

BASIC INDICATIONS FOR MILD SECONDARY ACTION:—Patient is dull, drowsy, can hardly rouse him; patient may be pale or bluish in appearance, eyes partly open in sleep; skin may be cool and relaxed—in fact the picture of passive capillary congestion in the brain.

Dose: five to ten drops of Lloyd's specific belladonna in four ounces of water; one teaspoonful every half to three hours as the severity of the case demands.

In above the basic indications are only given. For minor indications we have to refer to our text books. This is easily done if we have decided on the basic symptoms.

In this drug we find that the dilatation of pupils is not a basic symptom because the eye centers are not always involved. In primary indications we find that it rays pupils generally dilated but not always. We, as Eclectics, also understand that in secondary indication this symptom is often absent, for that reason this must be considered a minor symptom or indication, still important if present. To be good therapeutists we must be familiar with the physiological and toxic action of drugs

not only as to key for basic primary and secondary indications but also in case of overdose in secondary doses; in case of poisoning by toxic doses, and in cases of symptoms of physiological action, or as the homœopath calls it, symptoms of provings. In primary doses if a drug aggravates the symptoms it shows that it is given in too strong doses or too often. I carry in my pocket case belladonna 3d and Lloyd's specific belladonna and could not get along without; either one is as valuable as the other where indicated.

The dual action may be explained in belladonna to some extent although it is far from being fully understood. Belladonna acts on the vaso constrictors. In its primary action it reduces over-activity, while in its secondary action it antagonizes stasis. The primary patient is flushed, restless, has wild delirium, a picture of over-activity. The secondary patient is dull, drowsy, sleepy, even comatose, a picture of passive congestion, especially cerebral capillary congestion.

Still Further Proofs Against the Theory of Osmosis.

ALBERT J. ATKINS, M. D.

IN my article on "Electrical Physiology, or Electrification vs. Oxygenation of the Human Blood," which appeared in *The California Medical Journal*, in the December number, it will be remembered by those who read the article carefully that in discussing the transfer of elements by nature I used the following language: "Living membranes absorb and secrete elements through organs which nature has prepared for that purpose. These organs of secretion and absorption may be stimulated or sedated by various influences, and they mark the difference in Nature's methods of transferring elements in simple and complex forms of organic life."

Since writing the above, in reference to the transfer of oxygen gas through living membranes, by osmosis, it has

been found by a number of botanists that even plants do not take in their nourishment of carbon dioxide from the atmosphere by osmosis—AND WHAT DO YOU THINK OF THAT?

Prof. D. H. Campbell, of Stanford University, in his valuable Text Book on Botany, page 462, says: "Terrestrial green plants derive their food in part from the air, in the form of CO₂ and partly from the earth, from which they absorb water, holding in solution the other substances which the plant needs for its growth. In all higher plants, except a few submerged aquatics, the entrance of CO₂ into the plant takes place ordinarily through the stomata.

"A typical stoma consists of two guard-cells which, unlike the other epidermal cells, contain numerous chroma-

tophores. The wall of the guard-cells is much thickened above and below, so that the guard-cells might be compared to two short rubber tubes closed at the ends, and with the wall thicker on one side, the thickened wall being in contact. When the guard-cells are strongly turgescient the thinner part of the wall naturally stretches more strongly than the thicker inner face, which is forced to assume a more or less concave position, leaving the open pore between the guard-cells communicating with the intercellular spaces. It is probable that the presence of chlorophyll in the guard-cells is associated with the production of osmotically active substances in these cells, the result of photosynthesis, as the stomata open normally only in the light. It has been recently demonstrated by Blackman, Escombe, Brown, and Stahl, that it is only through the stomata that the gases enter the plant. It has also been shown that the absorption of CO_2 increases rapidly as the size of the openings decreases, and that the amount taken up by an absorbing surface completely exposed is no greater than when the same surface is covered by a perforated plate. Thus it has been demonstrated that the diffusion of atmospheric CO_2 through an aperture 1 mm. in diameter is 40 times greater than the rate of absorption of a free alkaline surface of equal area. In this way it is possible to explain the power of leaves to absorb so large a quantity of CO_2 from the atmosphere, where it is present in such small proportions."

It will be remembered that I claimed that all the oxygen as well as all other

elements used by the human system reached it through the route of digestion. Now here we see accepted Balamsh claiming that the very same thing occurs in the plant.

Again, the same author says, on page 463: "The cellulose cell-wall when saturated with water, is more permeable than the plasma-membranes lying within it. In the typical cell there are two of the latter, the ectoplasm or bounding layer immediately within the cell-wall and the endoplasm which bounds the central vacuole. That these plasma-membranes in the living cell are less permeable than the cell-wall is shown in cells with colored cell-sap, like those in beetroot, or in many red leaves. The pigment is dissolved in the cell-sap and does not pass through the bounding membranes so long as the cell is alive. If the protoplast is killed, however, the colored cell-sap diffuses through the dead plasma-membrane and then readily passes out of the cell through the cell-wall."

In many places this author sustains my position with regard to the physiology of the human system in his physiology of plants. I should like to quote many other paragraphs but lack of space forbids.

The last quotation proves that living membranes will not absorb oxygen or any other gas; it must pass through organs which are prepared for that purpose. Furthermore, he shows that even the absorption of CO_2 by the plant through the stomata must take place under the influence of sunlight, which has been proven to be electrical. My experiments proved that even dead

lungs under great force would not allow oxygen to pass through them, to say nothing of the resistance which living tissues offer to such action.

Since my article was published I have also found that oxygen is the only one the atmospheric gases which will conduct electricity, i. e. it is the best conductor of any of these gases. It is well known that atmosphere is a poor conductor for currents of electrical energy, but it is the nature of electricity to ever seek the element which offers the least resistance to its passage as its best conductor. Oxygen is placed at the end of the scale of all elements because of its extremely negative nature. It composes nearly 50% of all substances which form the earth, for this reason alone the earth would attract large volumes of electrical force from the fields of universal space that these currents are continually passing to the earth is proven in every ray of sunlight by the spectroscope; for with a sensitive photographic plate rays which can not be seen otherwise can be photographed at the right and left of every line of light.

These great volumes of electrical force would naturally split up into infinitesimal rays upon striking the earth's atmosphere by reason of the resistance which it offers to its passage. The invisible currents would naturally seek the best conductor possible under the existing conditions, and oxygen would become that element because of its negative nature. That oxygen is charged with a life-giving principle can be proven by allowing an animal to suffocate in air once used or when it is

devitalized by once breathing it. This very same air can be revitalized by passing electrical sparks through it and it will then support life, proving that it is the electrical energy carried by the oxygen which is the life principle.

This fact that oxygen will carry charges of electrical energy shows why it plays so important a part in the sustenance of life in the lungs, but when we try to make it pass through a living membrane by osmosis, and try to make of the lungs a mere percolating machine, then our troubles begin, for at every step we are blocked by facts which will not harmonize with the old theory.

This action of oxygen as a carrier of universal electrical energy explains why heat and light are manifested in the atmosphere of the earth by the passage of the electrical sunlight. For when we consider that the combination of the atmospheric gases is a mechanical one instead of unmechanical, and that nitrogen, carbon and hydrogen are diamagnetic we can see that these gases would cause great friction to the passage of currents and have a tendency to divert rays of energy causing heat and light by mechanical molecular friction.

These laws are well known to students of heat and light which are now known to be of electrical origin, or in still plainer words they are known to be effects of electrical currents.

Oxygen being so negative it therefore would cause the least friction, hence the current which would use this element would be invisible because of its para-magnetic nature.

Thus can be traced man's relationship with the universal life, through oxygen which carries to his lungs the great universal life principle, which is electricity.

The X-Ray.

L. S. DOWNS, M. D., GALVESTON.

HAVING now the experience of another year in X-ray work, I deem it my duty to bring before this Association the facts as they appear to me, after a more extended experience in that line of therapeutics.

While I may not be sanguine as to results in some forms of inflammations, I am more than satisfied with my experience in photo-therapy.

In subacute inflammation of the womb X-ray has been of little permanent benefit in my hands. In chronic inflammations with excoriations and ulcerations with hypertrophy the X-ray may be used to advantage.

In eczemas of the rectum or ulcerations of the bowels, the X-ray has given me some excellent results.

Several very stubborn cases of rheumatism of muscles and joints have yielded readily to the ray while a few cases treated were not benefited.

Fever and general lassitude followed the application of the X-ray in several cases of malignant disease. This is due, no doubt, to the rapid disintegration of morbid tissue by the X-ray, which is absorbed into the general circulation.

One tibial ulcer in a tuberculous patient was greatly aggravated by the X-ray. The patient is a woman of twenty-eight with two children. She has not menstruated for four years and in the interval has had one child.

She is anæmic, shows marked throat and lung trouble with cough and tuber-

culous discharge. No other treatment gave any better results. Several tibial ulcers and eczemas of leg were cured more rapidly with the X-ray, than such troubles usually are by other forms of treatment.

I have used the ray in various forms of mental and physical disease with more than ordinary success, but invariably in connection with other forms of treatment. While I am of the opinion that in most cases the beneficial effects were psychological there is no doubt but this form of electricity has a most salutary influence upon morbid tissue and is a potent factor in the elimination of diseased structure.

Just what the *modus operandi* is no one knows; but any fair minded practitioner is compelled to admit after a thorough test of the X-ray that it has remarkable virtue and will assist in curing forms of disease that are otherwise incurable. I do not deem it advisable for every eclectic to procure an expensive X ray machine, but it will be greatly to his credit to thoroughly inform himself on photo-therapy and be able to intelligently use some form of reflected light in all cases of incipient malignant disease, and to be able to advise his patients as to the proper treatment of the more formidable cases. I can, however, conscientiously advise every eclectic who has the means and the mechanical ability to procure a static machine.

It not only keeps you abreast with the times, but it gives you advantage in treating certain diseases and makes your patrons feel that you are thor-

oughly equipped and progressive, and if properly used it will pay a good per cent on investment.

Migraine, Its Pathology and Treatment,

DR. J. G. TOMKINS, SAN FRANCISCO.

MIGRAINE is the French term for Hemicrania. Thomas defines it as a severe pain, generally hysterical, nervous or bilious, affecting one-half or side of the head. Romberg regarded Migraine as a neuralgia of the cerebrum; but Hesse observes that the symptoms of this neurosis are equally compatible with its location in the branches of the fifth nerve distributed to the meninges and bones of the cranium.

However, regardless of its exact seat, there is one thing that may be said in its favor, it is no respecter of persons. Rich and poor, lady of fashion or drudge of the scullery, greasy mechanic or literary genius, all are its prey, providing certain hereditary conditions exist which allow it to do its work. It seems to prefer its victims from the gentler sex, as they are by far the most subject to its attacks. I am now speaking of true Migraine, and not of headache originating in nervousness. In nervous headaches the visceral irritation affects the brain and spinal cord in such a manner as to pervert mental operations from being carried on through their instrumentality. The mischief in them is of such a character

as to weaken the power of the nerves sent out from them to the muscles, and to diminish voluntary action; great physical pain not necessarily attending. But in Migraine there is visceral irritation of a different phase which reflects to the brain begetting in that organ and the immediate nerves an irritative action which is exhibited in pain. Half the women affected with Migraine suffer most at or immediately after the menstrual period. Yet there are apart from that many causes to set its latent power in action, such as mental excitement produced by dancing, reading by artificial light, or indiscretion in eating. The pain in Migraine is periodical, or rather intermittent, or it may be termed a disease of irregularity causing paroxysm as the frequency of the attacks can not be calculated. In typical Migraine the attacks do not occur oftener than once a week, but true Migraine will make several attacks in a year. As in the time of its attack so in duration, it obeys no law, nor is it subject to any fixed rule.

Migraine may be divided topically into hemicranial, occipital, or diffuse.

The intimate condition of a nerve in a state of pain is known to be that

of inflammation, i. e. the bloodvessels of the nerve substance and of its sheath are relaxed, engorged and pressing upon the sentient matter of which the nerve is comprised exciting its sensitiveness to the extent of producing pain. It is true that in many instances no post-mortem trace of change can be detected in the appearance of nerves that were the seat of neuralgias for years before death, but this does not prove that in life there was no discordant circulation present, for as stated the disease is intermittent and therefore not likely to alter the vessels of the nerve as it is only *incessant* functional disease which causes organic change.

There is one very noticeable characteristic in typical Migraine, that is, it starts from one or more points, and spreads with great rapidity to the entire cranial surface, being in this respect as it is in the time and duration of its attack, but little subject to law; the pain sometimes changing its place and redoubling its intensity.

In regard to its treatment there is but little to be said to Eclectics, other than to fill indications; yet, if I should be tempted to write a prescription for a *name*, I would give the following, which has never failed me.

R Phenacitin ʒi
 S. M. Gelsemium m xxx
 Syr. Rhei et Potasse qs. ad ʒiv
 M Sig. take a teaspoonfull every two hours till relieved.

When we have a case of idiopathic neuralgia this treatment will not remove the cause, but will so impress the nervous system that the attacks will be

lighter, more diffuse, and less frequent if the disease arise from insufficient diet, scarlet fever, diphtheria, or is the result of some visible cause that can be removed, we can hope for more perfect success. Hygiene will be found a valuable auxiliary; a cold bath or douche in the morning, a generous diet of meat, eggs, fish, milk, and in short all nutritious and easily digested foods, plenty of Nature's sweet restover balmy sleep; forbidding all alcoholic drinks, prohibiting smoking and chewing tobacco, are rules to be carefully enforced.

In conclusion I will repeat, "fill indications." If we find our patient subject to a diathesis leading to any disease or dependent upon a poison in the blood we must first suppress and finally eliminate the cause, or the poison from the system; if the cause is in the kidneys, the uterus, the stomach, or any viscus, the careful and proper treatment of the one affected will be the cure for the disease. For headaches apart from specific diagnosis the following R will be found useful:

R Cit. Caffein
 Carbo ammonia aa ʒi
 Elix. Guarana fld. ʒi

M Sig. Take a teaspoonful every hour till the pain is relieved.

"Do hogs pay?" asks a farmers' journal. Lamphear, the inimitable, who spells "kissed" "*kist*," says that in his experience they do not; that they take a medical journal about five years without paying for it, and then return a copy to the publisher marked "refused." We have had some experience of that kind. No, hogs don't pay.—*Med. World*.

Some Thoughts on Obstetrics.

MARY BEACH MAREY.

WE wonder sometimes at our own carelessness in giving instructions to our patients that engage us for this work.

How much of comfort, health, intellect, even life itself may be given to the child in future by a few words of wholesome advice to the mother, and how often they would shun this duty, even by committing a crime, only the doctor knows.

We give general instructions for the physical well-being of mother and child, without a thought for the immortal soul that may be blessed or cursed through life by pre-natal conditions.

Every child has a right to be well born, and we feel that it is just as much the duty of a physician to speak to the mother of these things when she comes to consult him as to prescribe Aletris Cordial for the good and safety of herself and child, or mitchella for safe delivery, or to overcome nervousness.

We have made this a study, and it is sad to know that traits of character, habits, disposition, frailties and even crime itself are the result of brooding, encouraging bad thoughts, fretting over small things and habits at these times. There never was a truer saying than that the sins of the father shall be visited on the child. We know of three children who had drunken fathers. Two of these always seemed

like drunken men and never learned to walk. Fortunately, their lives were short. The other is very peculiar, and it seems to us the causes of these peculiarities are very evident, proving not only the mother but the father also wielded a silent influence.

The cry of the age is for good, strong, true, noble minded mothers. Somewhere we remember to have read that in one of the perilous times of old Greece there was a council of the wise men to determine the best means to retain their standing as an intellectual nation, as their wise, educated men were being killed off in the wars of defence, and what a Greek prized most was likely to be lost. Female education was not at a premium in those days, but the wise decision of this council was to educate the women—and just here is the remedy. The frailties of children, the expense of educating, etc., etc., make our best mothers dread a large family and shrink from the duties of motherhood; but mother-love that comes through pain and suffering never fails, and the little one is always welcome—only one exception have we ever met to this rule. A better spirit should reign. Teach the mother, or make her feel she has a new soul to endow, to mould as she desires; to make into a student, lawyer, doctor or whatever she wishes. All she has found wanting in her other children she may remedy in this one.

She must not stoop to do an act she questions for fear of the result. We have many facts to prove this theory. Notably, Napoleon's mother watched the marshaling of armies six months prior to his advent, and many others can be cited.

God meant women to be mothers,

and the best formed and endowed children are those from the homes where true love reigns supreme, and may He hasten the day when this and this only is behind the marriage vow.

Read before the Texas Eclectic Medical Association,
October, 1903.

Relation of Orthopedics and Radiography.

BYRON C. LEAVITT, M. D., DENVER, COL., DENVER MED. TIMES.

To attempt to make an accurate diagnosis in a large per cent. of orthopedic cases without X-rays is as impossible as to diagnose accurately kidney disease without the microscope. To rely entirely upon X-rays is as impracticable as to attempt to tell from the microscope the general condition of a patient suffering with disease of the kidney. Both are complementary. Orthopedics is especially related to X-rays because of so much of its sphere having to do with disease of bones, and this is what X-rays most prominently reveal.

In orthopedic work the X-ray is upon a positive and scientific basis. If its therapeutic value diminishes in the future, it is sure to be much more generally used in orthopedics than it is now. This is because its great aid to diagnosis is already firmly established.

It has already been largely instrumental in the discarding of the term "chronic rheumatism," and the proving that this so called disease has no existence whatever, that a diagnosis of

"chronic rheumatism" means "I do not know what the trouble is and give it this name." The tissues are debilitated from numerous causes having nothing to do with rheumatism, as is positively proved by the X-ray, consequently the salicylates are highly injurious instead of beneficial, because they derange the stomach and weaken the tissues instead of strengthening them, when the latter is what is required.

The ankle is swollen and painful, because of a breaking down of the arch of the foot, as shown by the position of the bones, or in many cases the weight-bearing line of the foot is brought outside of its normal position, and causes severe pain in both ankle and knee. The fluoroscope may show a floating cartilage with bony deposit in the knee-joint, which causes all the swelling and pain, or when there is no hardened condition of the floating cartilage this may be felt or told because of the sudden and severe pain upon motion of the joint.

Again, a patient comes for examin-

ation, giving a history of swelling and extreme pain, of some weeks' duration, in one or more joints. There is inability to move the joint in any direction. X-ray shows the condition of the bones to be normal. The swelling and tenderness probably came on suddenly, possibly inside of six or eight hours. Instead of being classed as rheumatism, and valuable time worse than wasted in treating it as such, it should be recognized that this condition is due to some septic process, having no association with rheumatism. There will be found to have been some septic process elsewhere, as typhoid fever, some septic condition following childbirth, an abscess, diphtheria, or tonsilitis. A history of gonorrhea, accompanied with this kind of a joint, means that there should be an opening made at once and the gonococci killed by water heated to 120 degrees, which destroys the germs but not the tissues. Many a stiff leg, with the patella permanently glued down and inoperable after four to six weeks from the time the swelling commenced, would be avoided if this operation had been done with a gonorrheal knee, instead of calling it gonorrheal rheumatism and treating with salicylates or local applications, allowing the valuable time to elapse when the gonococci could have been destroyed before an incurable stiffness had resulted.

To treat this condition with X-rays therapeutically would be as inexcusable as to give salicylates internally, but to use the rays to demonstrate that the bones are not involved might prove

of great help if the patient comes for consultation when the disease has been present several weeks, at a time when he cannot bear motion or pressure.

In the region of the hip, radiography is of special value. Last year I saw a patient who had been unable to move the femur of one leg for over fifteen years. He had consulted the most eminent medical authorities in this country and Europe. The diagnosis of tuberculosis had been constantly made. He suffered intense pain upon the least motion, which he could only partially relieve by tension from weights attached in the way this is done in acute tubercular hips. He was obliged to remain in bed most of the time, in order to keep on the weights, and was gradually losing weight from this unhealthy mode of living, as well as undergoing constant pain. A radiograph was taken. The head of the femur was plainly seen to be imbedded firmly in the acetabulum, showing a typical case of osteo-arthritis, instead of any tubercular disease. This meant that the cotyloid ligament had become bony, that it would never allow any motion of the femur, weights being useless, and that the only treatment was cutting down upon the femur, chiseling out the imbedded head and supporting the patient with a hip-splint in walking. This was done. The patient was relieved of his pain, gained his normal weight and walked with one cane with less difficulty than he had previously done with two crutches. Whether he will be permanently cured I do not know as I was not East long enough after he was operated upon to

follow up his case; but if he could have had the benefit of radiography five years after the commencement of the disease instead of fifteen years, cure would in all probability have been permanent, and may be even in this case.

To attempt to diagnose without the X-ray different conditions of coxa vara, whether traumatic, due to overstrain, or to inherited delicacy of structure, is, to use the words at the commence-

ment of this paper, as inaccurate as to diagnose kidney disease without the microscope.

The great advantage of radiography in congenital hip disease has been so fully dwelt upon and illustrated since the visit to this country of Dr. Lorenz that it is hardly necessary to mention the well-known fact that X-rays are of the greatest value in making the diagnosis, and in watching the progress of the treatment.

Surgery of the Thyroid.—(Conclusions)

B. M. RICKETTS, M. D.

1. The Thyroid is oftener abnormal than normal, in size, shape, and number of lobes, and accessory lobes more frequently upon the left side.

2. The physiological function of the thyroid, and its secretion, and relation to other glands is not understood.

3. There may be but one lobe, and it may be situated anywhere in the anterior, lateral, or posterior portion of the neck, or it may be intrathoracic, subclavicular, or post-scapular.

4. It is the most constant of all the glands in animal life, and all vertebrates are subject to the same laws concerning it.

5. Absence of the thyroid at birth results in cretinism, and its destruction by disease or otherwise in adult life induces myodemia.

6. Parenchymatous goitre cause not known.

7. May develop in foetal infant child, or adult life.

8. All animal life is subject to it.

9. Exophthalmic goitre, cause not known. May or may not have protrusion of eye-balls.

10. Lesions of restiform body in rabbits, dogs, and probably all other animals will induce exophthalmos and tachycardia, also tremor, polyuria, glycosuria, and salivation.

11. Medicaments of no avail, except to palliate. No cure; animal extracts most satisfactory to palliate; surgery offers the only means of relief.

12. Thyroidectomy is the operation of choice, done more quickly, with less mortality, and better results.

13. Concretions may be osseous or calcareous.

14. Cysts should be removed by thyroidectomy, whether they contain blood, serum, or pus; of parasitic, benign, or malignant origin.

15. Gangrenous and tubercular thyroid tissue should be freely excised.

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EDITED BY

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EDITORIAL.

The new building for the German Deaconess Hospital will doubtless be completed and in full operation before these words are presented to the reader. We claim, without fear of contradiction, that it is the best constructed and equipped hospital in the West. All of the requirements of a modern surgical hospital have been met; yet, withal the rooms are elegantly furnished and afford that delightful sensation of home comfort so dear to the heart of one who is ill. Those of us who have had the opportunity of association with a German Deaconess nurse aver that she is peerless, therefore the nursing will be exceptionally good. The Eclectics of Southern California are proud of their professional association with this truly

first-class institution, and we bespeak their enthusiastic support.

Los Angeles is to have another allopathic medical school. It is to be called The College of Physicians and Surgeons, and the necessary charter has already been granted. The trustees of the new institution assert that it is their intention to erect new buildings and furnish them with a complete equipment of modern apparatus. The various chairs have been filled by prominent local men, broadminded and generous in their professional views.

The January meeting of the Los Angeles County Eclectic Medical Society was unusually well attended. Dr. Conrad gave a clinical demonstration illustrating the latest developments in electro-therapeutics. The next meeting will be with Dr. Baird on the first Saturday evening in February.

QUERY BOX.

Conducted by L. A. Perce, M. D., Long Beach, Cal.

What are the indications of an over dose of chloral-hydrate?

The primary indications are deep coma, decreased temperature, complete loss of motion and sensation. In fatal cases the functions destroyed are, first, cerebral; second, the voluntary muscular; third, the respiratory; fourth, the heart.

What is a good method to secure perfect dilatation of os, in early stage of labor, where all other conditions are normal?

Give chloroform quickly to complete anesthesia; let patient sleep quietly until effects of chloroform pass off, and you will find full dilatation.

Mercury.

Ovid S. Laws, A. B., M. D., Los Angeles, Cal.

As the use of mercury as a remedial agent is chiefly the dividing point between the old and the new schools of medicine, and as many of the new schools are drifting into the old ruts, I think it time to open a free discussion of the matter, and try to decide whether or not our predecessors were dreamers, fanatics, and ignorant "quacks" as charged by the old timers. And if we are in the wrong, let us throw up the sponge and meekly take our place at the feet of the champions who burn incense on the altar of their god, Mercury, and ask absolution for our past omissions.

History says that mercury was first

used as a medicine by Paracelsus in 1493. We are told that he claimed to have consulted the devil in regard to it, who highly recommended it as a cure-all. We are told that the drug was called "quack salver" by the countrymen of Paracelsus, and that he and others using it were called quacks. That is the origin of quack, and if you use "quack salver" you are entitled to the name.

After a careful study of the delicate structure of the human body, and the physical and chemical properties of mercury, I cannot see how anything but harm could come from doping the body with mercury. The secretions of the body rapidly free it from its chemical relations, and free mercury is set adrift in the channels and among the tissues of the body. I think that no reflecting, practical chemist will dispute this. Now when we coolly estimate the harm that even a small particle of free mercury may do to the delicate nerves and tissues, we will be overwhelmed by a backward glance of what was being done in the centuries following the introduction by Paracelsus of the scourge of mankind devised by his satanic majesty. Old time doses were from ten to twenty grains of calomel shoveled out at random on the blade of a knife. I reckon no sane man would be "foolhardy" enough to "dope" a patient with free quick silver, and yet it is a fact that most of it is set free before it leaves the stomach.

If it is worthy of the place in medicine it has held for three centuries, monuments should be raised in every land in honor of Paracelsus. But if

it is, and has ever been, the scourge that I know it to be, then he should be ranked as second only to Satan himself as an enemy of mankind. On or about the year 1850, Prof. Sanders, of Cincinnati, Ohio, demonstrated that large quantities of free mercury float about in some peoples' bodies. One Hawkins had a picture gallery there and was a noted photographer. He made daguerreotypes that required mercury to polish the plates and prepare them for the pictures. Hawkins was terribly afflicted with rheumatism which the Prof. said was caused by mercury in the tissues, and offered to remove it with an electric battery. Hawkins consented and placed his feet in a tub of water, on a metal plate connected with the negative pole, and a strong current traversed his anatomy from various points as long as seemed necessary. Inspection revealed a fine deposit of mercury, sufficient to prepare a daguerreotype. Hawkins prepared a plate and took a picture of himself and placed it in his gallery, and I presume it can be found there yet. So we had a reliable demonstration of the fact that mercury causes some cases of rheumatism, the removal of which will cure it, and nothing else will. But that was a mere trifle compared to the work the stuff has done under my own observation. A young girl was brought to Prof. Z. Freeman at the clinical institute with her left cheek sloughed off, and adhesions were such that she could not open her mouth. It was a horrible plight for a young girl to be in. The Professor broke up the adhesion and patched her cheek with a flap from her

left arm, in a surprisingly successful manner. The cause of her ruin was simply calomel in a "few broken doses" in one of those "certain cases in which nothing else seems to answer." They tell us in those days nearly all cases were of that kind with the old schoolers. *These days some Eclectics are finding them.* In my first year of practice, which was in Southern Kentucky, "Uncle" Bob West had bilious fever, and wanted me to salivate him, which I refused to do. So he retired me and sent for Dr. G——. In about a week he sent for me again. The moment I entered the door I knew he had a fearful case of what he had demanded of me. Dr. G. was unable to control the infernal fire he had started. The poor old gentleman was humiliated, and begged me to save his life, and as much as possible of his gums and teeth. My treatment was highly appreciated, but no money could have repaired the damage to his mouth.

Four years later, little Sallie Pitman, in Kansas, had a mild attack of malarial fever. In a few days she was convalescent, and urgent business kept me away by agreement. The third day I returned to find I had been supplanted by Dr. B. He had been called in to see the old man, Pitman, who was taken down in my absence, and expected me to take the case on my return. But no Sir, this Jefferson College dignitary, of forty years' practice, must have all or nothing. So they gave heed to his praise of himself and abuse of me, and he not only dosed the old man but turned his attention to little Sallie, who really needed nothing but careful

diet. I found the old man pretty sick, who died a few weeks later, and little Sallie was taking a little white powder several times a day, and as her gums were already inflamed, I cautioned them about the calomel powders the old man had left. But they said they had been used to calomel and were not afraid of it, etc., and acted as if they were lucky in getting rid of the "quack." But the little white powders soon brought about a horrible death. Poor little nine year old Sallie Pitman literally rotted down, till death relieved her. First her gums and teeth, then her lips, cheeks, throat and tongue were sloughed off.

A similar death, a few years later, was caused by Dr. A. who was called to see a little boy, with the understanding that I would take the case as soon as possible. He got in enough of the deadly drug in one day to destroy the little one in spite of all my efforts to save it. Old Mr. B., nearby, had been sick, but was up and wishing to improve faster, got this Dr. A. to prescribe a remedy. Dr. A. admitted giving gr. xvi of calomel at a single dose. The old man was dead in less than a week.

"O, yes," you say, "those abuses were in days gone by, and we have learned how to use mercury with safety." Yes, the Botanics, Eclectics and Homœopaths showed the people the folly of allowing themselves killed outright, or maimed for life, by this fashionable practice, and they rebelled. But it is still the "sheet anchor" with our regular neighbors, used on the sly mostly. But it is yet used for almost

everything, and in large doses to soon ruin the health, of the user. Go into any drugstore and examine the lists of tablets if you are incredulous.

I now ask any user of mercury as a medicine, why do you give it? The old theory was that two diseases would not stay in the body at the same time. It was known to Paracelsus and others that mercury would soon produce disease. Hence they gave it for that purpose, so it would drive out the other. That was why they gave it. Is that why you give it? If not, then you must have some other theory that demands it. What is it? For centuries the word Allopath was self appropriated by the old school giving their creed in a single word. It means *another disease*. It was equivalent to saying to a sick man, "You cannot have two diseases at the same time. I will give you something to cause a new disease, and the other will leave."

That was the theory and practice for centuries; it is repudiated in theory but the practice still remains. Why does it remain? If the theory is erroneous, why keep using a drug that always did and always will give another disease? The word Regular, however, binds the advocates of mercury to the old creed. If they are *regular* they accept the teaching and practice of the olden time. If they have abandoned the old time theory and practice included in the word "Allopathy," then they have done as we have, and are irregular. Were the old allopaths justified in giving something to cause a new disease, which they knew mercury would do? If not, why do you give it?

What are the indications that would demand it in one case more than another? Courtesy, reason, science, demand an answer. The afflicted should know, should demand a reason. Whilst waiting for an answer, I will proceed to give some reasons why I do not use mercury as a medicine. I believe as the original allopaths did, that mercury is so incompatible with the human body that it always causes a disease when taken into the body. The bi-chloride (calomel) is gradually, sometimes rapidly, changed to the chloride (corrosive sublimate) and of course causes death to the tissues till the mercury is set free by complete decomposition. Hence, we would naturally expect death and disease to follow the users of mercury, and my intimate knowledge of its effects in the practice of my friendly allopathic neighbors, fully justifies the expectation. As shown above, two little children were killed with it, when no medicine was really necessary. Shall we arraign these men for wilful murder? or take these cases as samples of their every day practice. Which horn of the dilemma would you prefer to hang on, my gentle worshiper of Mercurius? I believe that since its introduction by Paracelsus, that mercury has caused more disease and death than all other causes together. It is the sole cause of "Tertiary Syphilis," and always aggravates and prolongs the primary symptoms.

I make the above statement from the fact that in all of my long and busy practice, no tertiary disease has ever developed in a case under my care from

first to last. At any rate none ever reported the fact to me as requested in such case. And some of them were known to me for at least fifteen years. I believe every "true blue" Eclectic can give the same evidence. The worst diseases I am called to treat are of mercurial origin. Mercurial or so called tertiary syphilis, mercurial eczema, mercurial rheumatism, mercurial scrofula, and mercurial phthisis are familiar to every busy and observing physician. These cases are always intractable, and none but an expert Eclectic can even patch them up. Even the 3x used for a time may so distribute free mercury as to cause cataract, retinitis neuralgia, and mania in fine grained women and children. These are *some* of my reasons for *never* using mercury to heal the sick.

I think our Journals are open for a free discussion to all physicians, regardless of school, if done to the *point*, and in a fraternal spirit. So let us have it as an educator to the younger members who are just simply aping their predecessors without a thought as to the consequences.

In the interest of humanity and rational medical science, I submit these words.

Pomona Valley.

Hanna Scott Turner, M.D., Pomona, Cal.

It has been heralded abroad that Southern California is a wonderland for sightseers, Dame Nature's Sanatorium for health seekers and a Paradise for home makers.

This Southern Sunland is indeed

treasure house in valleys, canyons and mesa-lands with infinite variety of climate, scenery and productions. Of all its possessions none is more highly favored than the Valley of Pomona, presided over by the Goddess of Fruits, situated as it is on the mesa-land along the southern slope of the Sierra Madre range of mountains, in which is found some of the most strikingly sublime and beautiful scenery of the State. Here is found beauty and grandeur as it were combined in one sweep of the vision. "Old Baldy," rising majestically 11,000 feet above sea level, and other lesser peaks of the range stand the supreme and everlasting sentinels of the Valley. This range of mountains deflect the southern trend of the arid desiccating winds and sand storms of the desert to the Cajon Pass, and thence along the Valley of the Santa Ana.

Southward the valley stretches out in an extensive plain diversified by hills, orange groves, orchards of deciduous fruits—apricot, peach, pear, plum, prune and olive, vineyards, alfalfa fields, and attractive homes around which flowers bloom perpetually.

Bounded on the west by the San Gabriel Valley, Pomona Valley extends eastward to San Bernardino County; while midway between the Sierra Madre mountain range and the sea is a low range of mountains known as the San Jose Hills which terminate at Pomona City, and here the valley widens out to twenty-five or thirty miles. These low intervening hills perceptibly tone down the freshness of the sea breeze, which gives the air a delicious softness and

mild freshness that makes outdoor life not only a medicine but a luxury as well.

The climate of the Valley cannot be considered as a whole; peculiarities of position, the direction and height of the mountains, and the distance from the sea are causes which work important differences between places only a few miles distant from each other. The protection by high hills, the warmth afforded by southern exposure, tempered by the neighborhood of sea breezes, combine to give a mild and equable climate. Canyons are found so shut in as to give almost a tropical climate, where the slope of the mountains and foothills enables sufferers from asthma, hay fever and similar affections to choose the exact exposure and altitude suited to the individual idiosyncrasy of these capricious cases. Differences of elevation which elsewhere one travels hundreds of miles to find, may be found here in the radius of a few miles; spots where fogs are frequent visitors; spots that have never known the presence of a fog; places swept by almost constant breezes have as neighbors places sheltered from all winds. Many people to whom an open-air life is all important are enabled to sleep out of doors summer and winter, either in partly enclosed porticoes, or in tents without risk or inconvenience.

This Valley, as well as all Southern California, is known in the East as a purely winter resort. Strangers think the summer months must be hard to endure, but they should know that there is *never* a night in this region that a blanket is not an agreeable cov-

ering. One picks figs and oranges grown in his own yard, and then goes to sleep under a blanket. The warm yet not debilitating day furnishes *one* of the requisites in a climate for invalids—the cool restful night with its possibility of refreshing sleep—the *other*.

Professor Ketchum thinks Southern California has no climate—quoting the Professor: “As to *climate*, there isn’t any there to speak of that I discovered.” However, we who have lived here years instead of days know that Pomona Valley possesses a climate we will not attempt to describe, but sincerely hope the professor will in the not far distant future have personal knowledge of the climate of Southern California.

In Pomona Valley we have found every day in the year enjoyable—for even during the rainy season or winter, which lasts from November to the end of April, the rainfall as a rule occurs in heavy showers, followed by clear warm weather. The transformation of nature after the first of these rains is marvelous. This is Spring in very truth, and nowhere is it more delightful. The unwatered earth that for months has been innocent of a trace of greenness is in a few days thickly carpeted with a variegated verdure. The deciduous trees, standing bare and black among the many evergreens fresh from their first annual bath, are bursting with buds; while the innumerable flowers that are always with us are called upon to share honors with the wild beauties that spring up—not scattered as in eastern and northern climes—but virtually hiding the soil with an un-

broken blaze of golden, crimson and purple glory.

Nowhere in all the vast domain has Mother Nature been more prodigal with her gifts: the sublime, the beautiful, the gorgeous and the lovely, all are bestowed—even the very shadows are full of tints.

But we have more than beauty of scene and salubrity of climate. With a fertile soil found along mountain slopes largely composed of detritus from the mountains and decomposed vegetation of the valley, its porosity causing it to rapidly absorb water and readily permitting moisture to rise; and with irrigation extending wherever water is lacking, the land produces an unparalleled variety of fruits and vegetables in succession throughout the year.

The social fabric of Southern California, of Pomona Valley rests on horticulture, and horticulture, on irrigation. An intelligent use of water has converted a wilderness—a sheep range, worth a few dollars an acre—into orange groves growing golden fruit. This same land cannot now be purchased for less than one thousand dollars an acre.

The Valley is traversed by the main lines of the Southern Pacific, Santa Fe and the new Salt Lake railroads. Pomona City, midway between the cities of Los Angeles and San Bernardino, is the most important station on the Southern Pacific line between Los Angeles and El Paso, Texas. It is the third largest city in Los Angeles county, Los Angeles and Pasadena being larger.

The fame of California’s public school

system has spread far beyond the confines of the State. The schools of Pomona and Pomona Valley amply sustain its best reputation.

This Valley possesses superior qualifications for becoming a home for those in search of health and comfortable life. Its climate, altitude and soil; its more than twenty-five square miles of orchards and small fruits; its towns supplied with good graded streets and cement sidewalks, well lighted by electricity or gas; a splendid water supply; good hotels, libraries, churches and Fraternal Societies, these with the educational advantages and high moral atmosphere of the residents invite such people to come.

Diarrhea as a Symptom of Disease in Childhood.

W. S. Gibson, M. D., Los Angeles, Cal.

This paper is necessarily incomplete, it not being necessary to call your attention to all the conditions leading to this subject or to enlarge upon the care and treatment of all the phases and symptoms attending.

The frequency of diarrhea in early childhood is a subject of considerable interest to both physician and parent. It is described by the various text books as simple, catarrhal, inflammatory, dysenteric and choleraic, and all of these varieties, if not relieved, will pass insensibly from one into the other.

The causes of this condition are various, but the most frequent are improper diet and exposure to atmospheric changes. The symptoms vary

greatly and slight attacks are seldom brought to the physician's attention. The child is usually dull and listless or fretful and restless, the temperature ranging from below normal to 105 degrees, depending upon the amount of auto-infection.

The discharges may begin moderately, but rapidly increase in frequency accompanied by abdominal pain from gaseous distension and violent peristalsis. They may be of a greenish color and contain undigested food mixed with mucous and streaked with blood, or they may be colorless and watery. There is soon a marked loss of flesh and strength, the eyes are dull and sunken, the features pinched and the pulse rapid and feeble.

These symptoms beginning mildly, gradually progress, unless relieved, to collapse and death. If relief is given and the disease checked the lost flesh and vigor are quickly regained and the child soon recovers its lost spirits.

As I have before stated, one of the most common causes of diarrhea in early childhood is a wrong in diet, consequently the diet is an important factor in the treatment. All solid food should be discontinued, and the food given should be of the most simple kind and easiest digested. If milk is given it should be sterilized and lime water added; at times it will be necessary to abstain from milk entirely. In this condition, too little is better than too much feeding. If there is extreme debility the child's vitality can be supported by fresh beef juice squeezed out with a lemon squeezer and given a few drops at a time, hourly. The

body should be rubbed daily with warm olive oil, and if necessary quinine may be incorporated with the oil.

Another frequent cause of this trouble is exposure to sudden atmospheric changes and excessive heat in summer. This causes wrongs of the nerve and circulatory systems, whereby the nutritive processes of the body are deranged and the powers of digestion are impaired. In this class of cases it is important that the warm soda bath should be frequently used and the child kept quietly in bed. Good nursing is of supreme importance. A good nurse without a physician will do more than a physician without a nurse, and it is well if the physician be able to fill both places, as we do not always find good nurses where we find sick babies.

The natural secretions of the intestines are alkaline. Green passages indicate an excess of acid. This is a condition most often found in diarrhea of children—at least in the earlier stages, and plainly suggests the line of treatment, such as the neutralizing cordial and other commonly indicated remedies, but particularly the small triturated dose of calomel, not to carry off an excess of bile as some of our professional brethren believe, but to act as an antitoxin. Here also we will give the sulpho-carbolates and the arsenite of copper. I usually combine the arsenite of copper with the fever solution. With colorless, watery passages we have a particularly dangerous condition. It indicates that all the secretions of the digestive apparatus are

arrested, and the fluid of the stools is being poured out from the blood vessels and the system is being drained as by a hemorrhage.

If the passages are watery and yellow, they show a too rapid peristaltic movement with an excess of secretion and a weakening of nerve force. In this condition we will think of copper arsenite, strychnia in some form—atropine, glonoin, kali phos. in trituration.

From bad management diarrhea may take on a chronic form, or this may be due to a tubercular condition of the mesentery. The several conditions all require something different in the way of treatment and care. Every patient possesses peculiarities and idiosyncrasies peculiar to himself, and requires a close study of each symptom in order to intelligently apply the proper remedy.

I have only called your attention to the antiseptic part of the treatment of these conditions, for no condition with diarrhea can continue for any length of time without auto-infection, and a great many times infection exists prior to the diarrhea, which is, in most cases, an effort of nature to get rid of irritating material.

Read before the Los Angeles County Eclectic Medical Society.

A Convenient Modification of Tests for Hydrochloric Acid in Gastric Contents.

Charles Sumner Fischer, in American Journal of Medical Sciences, October, 1903, describes a method whereby to make a rapid estimate of the combined

and free hydrochloric acid in the same 5 c. c. of gastric contents.

The operation which requires no more than ten minutes is briefly as follows:

1. Five c. c. of filtered gastric contents are measured into a small dry beaker and the free hydrochloric acid estimated with dymethyl-amido-azobenzol.

2. The total acidity is next determined in the usual way by phenolphthalein and the decinormal sodium hydrate solution.

3. The results obtained being noted, a quantity of decinormal hydrochloric acid solution equal to the quantity of sodium hydrate solution already employed, is added, thus restoring the original total acidity of the gastric contents.

4. Add of a 4 per cent neutral solution of calcium phospho-tungstate a sufficient quantity to bring the whole up to 30 c. c. The mixture is thoroughly agitated and allowed to stand three to four minutes.

5. In order to decolorize the same, a small quantity of chemically pure animal charcoal is thoroughly stirred into it and the whole filtered through a dry filter into a dry beaker.

6. Of this filtrate 15 c. c. are measured into a dry beaker, and the total acidity is determined with a 1 per cent alcoholic solution of rosolic acid. Six drops of this added to the 15 c. c. employed will give a yellow clear fluid which turns to red when the acid is neutralized with the decinormal sodium hydrate solution. The filtration should be carried out rapidly and to an end-reaction over a white underlying sur-

face. If any uncertainty as to the end-reaction exists it is safer to add a few drops more of the sodium hydrate solution, as any error will be largely in favor of finding the total acidity too low.

The difference between this last total acidity and that obtained originally with phenolphthalein will represent the quantity combined hydrochloric acid in the 5 c. c. of gastric contents employed.—*Charlotte Medical Journal*.

The Electric Enema.

The use of electricity in the treatment of chronic constipation due to atony of the lower bowel has long been recognized, but perhaps never to the full extent it deserves (*Med. Press and Circular*). And, indeed, in the intra-rectal use of the galvanic current there was some inconvenience and danger if proper precautions were not adopted. The most important of these risks was the formation of eschars in the bowel, owing to prolonged current applied at one point. M. Boudet, of Paris, has, however, recently introduced a method of application which entirely does away with this risk, and at the same time accomplishes a wider distribution of the current than was possible by other methods. The apparatus used is simple, and the distinctive feature of it is the rectal electrode, which is hollow, and through which an enema of water is given before the current is turned on. The metal itself is entirely protected by rubber, so that the current of electricity only reaches the bowel after passing through the contained mass of water.—*Med. Times*.

SUCCESS

is one of the best proofs of merit, for no matter what it is, whether it be a medicine, a typewriter or piano, it *must* have *merit* to succeed. Advertising and pushing may make it go for awhile, but without *merit* it will surely fail. Therefore, we think that the fact that we are moving our business from St. Louis to New York in order to have better facilities for handling it, to be nearer the source of supply for the various ingredients that enter in their composition, and to be nearer and more in touch with our foreign business, which has assumed large proportions, is one of the best proofs that can be offered as to their merits; and the fact that Celerina as a nerve tonic, Aletris Cordial as a uterine tonic, and S. H. Kennedy's Pinus Canadensis as a vegetable astringent, have stood the severest test of time from the medical profession all over the world, proves that they *must* be what we claim for them. And right here we want to tender our sincere thanks to the medical profession for the support and confidence that they have given us in our endeavor to present to them preparations of absolute strength, purity and uniformity.

Our address in future will be

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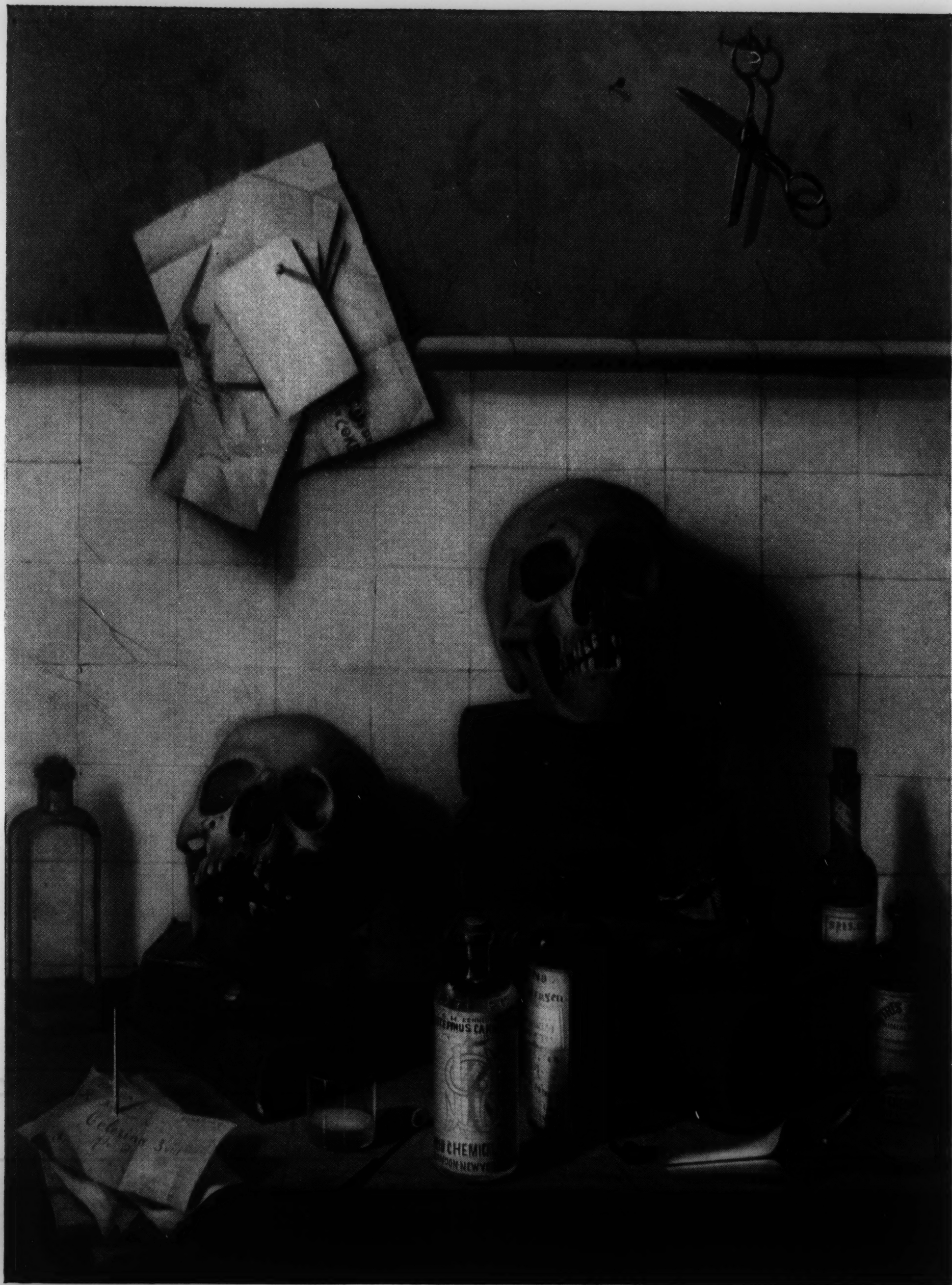
where all communications should be addressed, as we will have no office in St. Louis.

Send and get one of our magnificent albums, entitled "A Gallery of Pictures of Interest to Medical Men," containing twelve handsome colored pictures (no advertisements on face of them), on heavy plate paper; suitable for framing. Sent absolutely free, postage prepaid, one copy only. All extra copies twenty-five cents each.

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AN OLD DOCTOR'S STUDY.

THE CALIFORNIA MEDICAL JOURNAL

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CALIFORNIA MEDICAL JOURNAL,

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Editorial.

Board of Health.

We take off our hat to the new Board of Health, in the desire of the members to carry out the promises of the Mayor, in giving equal rights to *all* Schools of Medicine in the City and County Hospital. The Board is now being criticized for removal of Civil Service employes, who were subject to criticism for years past. Why all this love for incompetents? Why all this cry against an attempt to better the service? The writer knows of his own knowledge, when complaints were sent to the Board of Health in reference to the unsanitary condition of certain buildings the only redress obtained was raising the rent so as to drive the com-

plainants from the premises. The executive of the Board of Health was supine. The creature of somebody not the friend of the people. It sounds today very much like Satan rebuking sin, to hear of the Ex-Mayor deploring the discharge of his henchmen—a machine built for political purposes. Civil Service is all right, but the American people do not want an aristocracy of office-holders, or incompetents in office, civil service or no civil service. All departments of our City are top heavy and needs paring force to the ax when wielded for economy and better service.

City and County Hospital.

For sixteen years the California Medical College has been asking for justice in a representative in the City and

County Hospital. Our patrons pay twenty-five per cent. of the taxes of this city, yet the allopathic school which was in control said to us, you can privately prescribe for millionaire patients, but cannot publicly minister to charity patients you contribute to support.

Times have changed. The wheel of fortune has turned our way. A new ruler reigns where political trimmers held sway. I could write a stirring history of what I know about Mayors, Supervisors and Boards of Health. I forbear. Charity covers a multitude of sins.

The California Medical College has been assigned one-ninth of all the patients that enter the hospital. It may not be our proper portion, but it is satisfactory for the present.

The three schools are represented. Has the old school any advantage in treatment over the eclectic or homeopathic? If so, let us adopt their methods. This is the opportunity to contrast the different systems of treatment. We hope a record will be kept and the Journal will gladly publish the results.

The entrance to the hospital is highly gratifying to the writer, formal possession being on his birthday. May the good work go on until the eclectic school is established in every public institution of the State.

The following appointments have been made to the City and County Hospital:

HOSPITAL STAFF.

Surgery: Geo. G. Gere, M. D., E. H. Mercer, M. D.

Medicine: J. B. Mitchell, M. D., J. Harding-Mason, M. D.

Gynecology: W. A. Harvey, M. D., C. Clark, M. D.

Eye, Ear, Nose and Throat: H. W. Hunsaker, M. D.

Autopsy Surgeon: A. B. Nelson, M. D.

J. W. Schmitz, M. D., Interne for the City and County Hospital for one year.

One senior student is daily assigned to each emergency hospital as an externe.

The Conductor and the Transfer.

In this age of hygienic reform it might not be amiss to direct attention to one of the most common violations of the laws of prophylaxis. On the street cars all sorts and conditions of men and women ride, pay their fares and take their transfers. Watch the conductor. His first preliminary to counting out transfers is almost invariably to stick his thumb in his mouth. Now the conductor may be a healthy individual or he may not. In any case one would prefer that he omit that portion of the ceremony. Another thing he is in the habit of doing is to place the whole bunch of transfers between his teeth. Especially is he given to doing this with the transfers he has just collected, showing that he is as careless of his own danger as he is of the possible infection of others from his own mouth.

There is sufficient danger always in the handling of currency in any form

without deliberately increasing it by such uncleanly habits.

It would be a good thing both for the public and for the employees of the street railways if a hard and fast rule should be made that thumbs and transfers and money should be kept out of the conductors' mouths.

Editorial Notes.

The Paris International Congress on Tuberculosis has postponed its meeting until 1905.

A good location in Southern California, sale or exchange. For particulars address this office.

The International Congress on Tuberculosis will meet in St. Louis, October 3, 4, 5, 1904, under the auspices of the St. Louis Exposition.

The New York Orthopædic Dispensary and Hospital has issued an appeal for financial assistance. Unless there is an increase in the number of subscribers it will be necessary to curtail the work.

There has been sincere regret throughout the medical profession for the death of Wm. M. Warren, late General Manager of Parke Davis & Co. His relations with physicians had always been most cordial and pleasant, and many had experienced courtesies at his hands. His successor, E. G. Swift has long been connected with the firm and under his administration they may look for continued prosperity.

The following are the requirements

for membership in the American Electro-Therapeutic Association :

A candidate for election to ordinary fellowship in the American Electro-Therapeutic Association must be a graduate of a recognized medical college, and a member in good standing of his regular county and state medical societies.

He must fill out and sign the regular application blank, secure the endorsements of two members of the Association in the spaces provided upon the back of the application, and forward the same to the secretary, accompanied by five dollars, which constitutes the first year's dues.

If the applicant is not elected, the five dollars will be returned to him; if he is, he will be admitted to full membership and a certificate of membership forwarded to him inside of thirty days after receipt of his application.

New York and New England Association of Railway Surgeons.

At the thirteenth annual meeting of the New York State Association of Railway Surgeons, held at the Academy of Medicine, New York City, November 12-13, 1903, a vote was taken and unanimously carried to change the name of the association to New York and New England Association of Railway Surgeons. This change will greatly extend the good work of the association and the many benefits to the surgeons and railways in this territory should be mutual.

Place of meeting in 1904 is New York City.

Officers elected: President, Dr. C.

G. J. Finn, Hempstead, L. I. First Vice-President, Dr. G. P. Conn, Concord, N. H. Second Vice-President, Dr. J. P. Creveling, Auburn, N. Y. Secretary, Dr. Geo. Chaffee, 338 47th street, Brooklyn, N. Y. Treasurer, Dr. J. K. Stockwell, Oswego, N. Y.

MEDICAL CLERK.—Feb. 17-18, 1904.

The United States Civil Service Commission announces an examination on February 17-18, 1904, at the places mentioned in the accompanying list, to secure eligibles from which to make certification to fill eighteen vacancies in the position as copyist (male), at \$900 per annum, in the Bureau of Pensions, and other similar vacancies as they may occur.

The examination will consist of the subjects mentioned below, which will be weighted as follows:

<i>Subjects.</i>	<i>Weights.</i>
1. Letter-writing (a letter of not less than 150 words on some subject of general interest. Competitors will be permitted to select one of two subjects given).....	5
2. Penmanship (the handwriting of the competitor in the subject of copying will be considered with special reference to the elements of legibility, rapidity, neatness, general appearance, etc.).....	10
3. Copying (a test consisting of two exercises—the first to be an exact copy of the matter given, and the second to be the writing of a smooth copy of rough-draft manuscript, including correction of all errors of spelling, capitalization, syntax, etc.).....	10
4. Anatomy and physiology.....	15
5. Diagnosis.....	20
6. General and special pathology...	20
7. Surgery and surgical pathology..	20
Total.....	100
Age limit, 25 to 30 years.	

Only graduates of recognized medical schools may be examined.

This examination is held to establish a register of eligibles with a knowledge of medicine.

This examination is open to all citizens of the United States who comply with the requirements. Competitors will be rated without regard to any consideration other than the qualifications shown in their examination papers, and eligibles will be certified strictly in accordance with the civil service law and rules.

Persons who desire to compete should at once apply either to the United States Civil Service Commission, Washington, D. C., or to the secretary of the local board of examiners, for application Form 1312, which should be properly executed and filed with the Commission at Washington. In applying for this examination the exact title as given at the head of this announcement should be used in the application.

Persons who are unable to file their formal applications and who notify the Commission of this fact, either by letter or telegram, with the request that they be permitted to take this examination, will be examined subject to the subsequent filing of their applications, in complete form, provided their requests are received at the Commission in sufficient time to ship examination papers.

Issued January 12, 1904.

ANTI-RHEUMATIC.

Sol. et Pot. Tartrat..... $\frac{1}{2}$ oz.

Tongaline.....q. s. ad.....3 ozs.

M. Sig.....A teaspoonful three times a day.

The County Society.

January 6, 1904.

This was the twelfth regular meeting of The San Francisco Society of Physicians and Surgeons. The meeting was called to order by its President, Dr. M. Schirman. The roll was called by Dr. Nelson, and the minutes of the two previous meetings were read and approved. Dr. C. H. Walworth, Cal. Med. College, 1897, and Dr. C. P. Higgins, Cal. Med. College, 1883, made application for membership; the same were duly elected members of the society, the Secretary casting the ballot. The committee on resolutions then reported and the following was offered:

In Memoriam.

We have gathered in this assembly many times to discuss the problems affecting our relationship to the sick. In all these discussions no one took a keener interest, and no one was more willing to bear his share of the burdens than our beloved brother, the late John Wesley Hamilton.

Before we realized that he was weary of life's battles, he stopped by the way-side and lay down to rest. His was an earnest nature; he performed his duty undaunted by the world's criticism, unswerved by its adulation.

Hamilton lived true to his principles; he fought a good fight; he deserves the rest he craved.

As a society, we shall ever remember him kindly—peace to his soul.

Resolved: that "The San Francisco County Society of Physicians and Surgeons extend to the bereaved family its deepest sympathy."

H. W. HUNSAKER, M. D.

ALBERT J. ATKINS, M. D.

Committee on Resolutions.

M. SCHIRMAN, M. D., Pres.

A letter from Mrs. Hamilton and family thanking the Society for kind sympathy and beautiful flowers was then read.

Mr. Hudson, of Merrell & Co., read a sketch on the life of the late Dr. Hamilton. Dr. Forster read a paper on "Numbers, their relation to Periodicity;" the subject was a large one and proved highly interesting. Adjourned.

A. B. NELSON, M. D., Sec.

Reviews and Extracts.

REMARKS ON GLYCO-THYMOLINE

BY W. R. D. BLACKWOOD, M. D. PHILA., PA.

For many years past this preparation has been one of my mainstays in diseases of the mucous membranes, and it has held its place despite the trials of many other agents warranted to supplant it by the advocates who decried Glyco-Thymoline when I spoke of its virtues.

The local treatment of catarrhs is frequently disappointing, and none more so than that prevalent one—post-nasal catarrh. Unless we can get an alterative condition established, little good is done, and nothing has been of greater service to me than Glyco-Thymoline, locally and internally, in several hundred of long-standing and severe cases of this intractable and common affliction; I have come to regard this preparation as a standard and almost routine remedy. I seldom care for a post-nasal trouble without prescribing it at the onset, and if I don't it is not long before it comes into use. It is just alkaline enough; just so as

to the dialysis (the action locally with exactly the right amount of fluid excretion through the diseased membrane); just enough astringent without drying the parts; and just the right thing in the direct line of reparative work—it sets up tissue building soon after the membrane gets somewhere near its right shape. Many things are employed in catarrh, but I firmly believe that if I was confined to one agent only, that would be Glyco-Thymoline. I use it in about half-strength with a "Birmingham" douche, and from twice to four times daily. With this, in bad cases, I give it internally, adding to it, or giving separately, mercuric bichloride, and if done separately the menstruum is compound syrup of stillingia. In presumed syphilitic persons I always do this.

In gastritis, chronic enteritis, vaginitis, gonorrhea, and in recurring attacks of what too many physicians deem appendicitis, I use this agent freely, and always with good results. As a local preparation to foul ulcers and especially to hemorrhoids I think this preparation is very good. In the nasty leg ulcers which now and then defy all remedies Glyco-Thymoline does wonders; it can't do harm any time, and I am almost persuaded to give it in all instances. In bronchitis and asthma it is fine; in spasmodic croup it fills the bill nicely; it does well in venereal disorders locally, and in balanitis it stops the trouble at once.

ADRENALIN IN THE TREATMENT OF THE CARDIAC TOXEMIA OF PNEUMONIA.

The writer, Henry L. Elsner, M. D., of Syracuse, N. Y. (*New York Medical Journal*, Jan. 2, 1904), directs attention to the appalling mortality of pneumo-

nia due to the resulting cardiac toxemia. The prime factor in this disease is a toxemia with obstruction in the pulmonary circuit, leading to cardiac asthenia. Marked changes occur in the right half of the heart, with far-reaching degenerative changes in the muscle, heart-clots, and vasomotor paralysis.

Three remedies meet the indications presented by the circulatory changes due to paralysis of the vasomotor centers, the dilated condition of the arteries and the weakened heart. These are strychnine, digitalis and suprarenal extract or Adrenalin, its active principle. Adrenalin acts on the heart and blood vessels favorably; it does not act on the vasomotor center. Hence, it may be used to assist strychnine. When the vasomotor center is exhausted and blood pressure study proves the inefficiency of strychnine, Adrenalin may still be administered, and, in some cases which seem unpromising, when combined with the method of stimulation about to be suggested, we may carry the patient beyond the critical period to a safe recovery. Suprarenal extract, or Adrenalin, has seemed to the author to act as a needed food in all infections where there is danger of myocardial degeneration. He reports a case of pneumonia in a woman, the mother of five children, in whom it had been impossible to raise a continually lowering blood pressure with strychnine. The systolic blood pressure was almost immediately raised by the repeated administration at short intervals of fifteen minims of a one to one-thousand solution of Adrenalin hypodermatically, and the patient was saved.

Icthyol in Puerperal Sepsis.

MacPherson (*New York Medical Journal*) has treated five cases of puerperal fever, with brilliant success, by means of ichthyol. Two methods of using the drug were employed. Three patients had the uterus packed at intervals with gauze saturated with dilute ichthyol. Two of the patients had equal parts of ichthyol and glycerine, in one drachm quantities, injected into the uterus. The author sums up the results he has obtained as follows: "The remarkable results which have followed the use of ichthyol in these five cases, three of which were desperate ones, have led me to believe that it is a valuable remedy in this dangerous disease. The objection may be made that the packing had as much to do with patient's improved condition as the ichthyol, but in two of the cases reported no packing was used, and the drug was simply injected into the uterine cavity after free irrigation. I am aware that at least one case of severe depression following the application of ichthyol to the cavity of the uterus has been reported. But no such untoward symptoms appeared in any of the cases here mentioned. However all these patients were being well stimulated with strychnine and ammonium carbonate at the time. Instead of any unpleasant symptoms arising, exactly the opposite were observed; in fact, the drug acted like a specific. Not only were the pulse and temperature reduced, rigors ceased and discharge lessened, but patients had a feeling of well-being following

the use of ichthyol, which was a pleasant contrast to the appearance of mental and physical suffering which one often witnesses in these cases."—*Am. Journal of Surg and Gynecology*.

Hahnemann summarises Ammonium muriaticum as follows:

"Whining, peevish, insociable mood; muscæ volitantes, in daytime and in the evening by candlelight; (hard hearing) tingling and buzzing in the ears; ulcerated corners of the mouth; tensive pain in the articulations of the jaws, when masticating or opening the mouth; empty eructations; painful stitches in the left hypochondrium, early on waking up in bed, with difficulty of breathing, which obliges the person to sit up; the groin, when touched, feels as if there were swelling and subcutaneous ulceration; disposition to costiveness, discharge of blood during stool; soreness up along the rectum, when sitting; vomiting and diarrhoea during the catamenia; pressive and contractive pain at the belly and back during the catamenia; pain at the small of the back during the catamenia; tearing in the feet during the catamenia; lancination in the nape of the neck, as far as the shoulder, when sneezing; violent cough; tightness at the chest when doing some kind of labor with the hands; stiffness in the small of the back; stitches in the right scapula, when breathing; lancinating pain as from a sprain, in the left hip; cold feet; paralytic weakness in the limbs, with dizziness; sleepiness during the day, with laziness, and indisposition to work; night-sweats."—*Homœopathic Recorder*.

Hendley gives in the *Lancet* a brief report of an outbreak of lathyrism observed by him in an Indian village. In the outbreak reported, ten per cent. of the male population became more or less paralyzed in the lower limbs. It occurred within a period of five or six weeks, during which time the village landlord had fed his laborers on lathyrus sativus, or pulse. The disease occurs almost exclusively in men and during the rainy season. Loss of power in the legs begins as weakness, which is progressive, until the patients can hardly walk. The patients have no sense of illness beyond the paralysis. The gait is peculiar; a long two-handed staff is used, and the knees are bent and the feet dragged along the ground, one being planted directly in front of the other. The prognosis as regards life is favorable, but the paralysis is incurable.—*St. Louis. Med. Review.*

I have used Seng and Cactina Pillets in my practice and find that they are all that has been claimed for them. Seng is excellent in those forms of indigestion following chronic catarrh of the stomach and bowels. I like the effect of Cactina Pillets in weak heart. I have used it for the last seven years.

A. M. ARMSTRONG, M. D.
Crawford, Tex.

Dr. Colin Campbell, Southport, Eng., L. C. R. P., M. C. R. S., writes in the *Medical Press and Circular*, London, Eng., Oct. 7, 1903:

Pleurisy.—Dr. B. was under my care last winter suffering from a pul-

monary cavity. He had had previously two or three intercurrent attacks of pleurisy, which I again found present on Dec. 7, 1902, accompanied by severe pain over the cavity, and a temperature of 103 degrees. His previous attacks had occurred at his home, where careful poulticing was practicable, but in apartments this was unsatisfactory, and so it occurred to me to try Antiphlogistine.

The material was warmed and "trowelled" on for many inches around the pleuritic center, then covered with non-absorbent lint and Jaconet.

The result was remarkable; the pain disappeared within an hour, and the high temperature within two days.

Many advantages over poulticing were noticed by the patient; facility of application, no unendurable heat, rapid relief from pain; its adhesiveness rendered movement possible without tight bandaging or the alternative sudden influx of cold air which follows the separation of a poultice from the skin.

"Many a man is to-day worrying over a case or two of Pneumonia, Pleurisy, or Capillary Bronchitis, whose troubles would flit away like mist did he but know enough to put his patient into a jacket of Antiphlogistine."—*Medical Summary*, Nov., 1902.

ANTI-RHEUMATIC.

Kali Iodid.....	$\frac{1}{2}$ oz.
Kali Acetat.....	1 oz.
Tongaline.....	q. s. ad.....6 ozs.
M. Sig.....	A teaspoonful three times a day.

COUGH AND RESTLESSNESS IN PNEUMONIA.

Dr. W. J. Parker states in the January *Medical World* that "The season for pneumonia is here," and it may be of interest to know that he has found an excellent remedy for the cough and restlessness which are such distressing symptoms of this dreadful malady in antikamnia & heroin tablets. Each of these tablets contains five grains of antikamnia and one-twelfth grain heroin hydrochloride and the dosage is one tablet every two or three hours, according to the exigencies of the case, or at the discretion of the attending physician. Professor Uriel S. Boone, of the College of Physicians and Surgeons, St. Louis, also reports most satisfactory results with this remedy in pneumonia, bronchitis and la grippe, particularly in relieving the accompanying spasmodic coughs and muscular pain.

ECLECTIC TREATMENT OF COUGH.—N. G. Vassar (*Eclectic Med. Jour.*) suggests that the physician may easily make a pleasant and cheap mixture which will serve as a vehicle in cough mixtures: Take four pounds of pure granulated sugar, seven pints of water and one pint of alcohol. Dissolve the sugar in the water and add the alcohol; then add solution of cudbear berries, one or two drams; oil of orange, one-half to one ounce. This combination may be varied by using glycerin instead of alcohol, or by mixing with it one-fourth pure cider vinegar. In the rasping, explosive,

painful cough of grippe he uses the following combination:

R Spec. bryonia, gtt. xx.

Elixir No. 1, \bar{z} iv.

M. Sig. A teaspoonful every hour or two.

If pleurisy is present, with full pulse and bronchi involved:

R Spec. bryonia, gtt. x.

Spec. asclepias, \bar{z} j.

Spec. veratrum, gtt. x.

Elixir, as above, q. s. ad \bar{z} i.

M. Sig. Teaspoonful every two hours.

In acute cough with dryness and tickling the following sedative mixture is needed:

R Spec. rhus tox., gtt. v.

Ol. anise,

Spec. aconite, aa gtt. x.

Paregoric, \bar{z} ss.

Elixir, q. s. ad \bar{z} iv.

M. Sig. Teaspoonful every two hours.

For persistent night coughs:

R Spec. jaborandi,

Spec. serpentaria,

Spec. stillingia, aa \bar{z} j.

Spec. lobelia, \bar{z} ss.

Elixir, q. s. ad \bar{z} iv.

M. Sig. One teaspoonful as needed.

As a cough medicine for common colds, the following is suggested:

R Spec. prunus,

Spec. pinus,

Spec. yerba santa,

Spec. suney, aa \bar{z} j.

Elixir, q. s. ad \bar{z} iv.

M. A few drops of chloroform, some morphin or some licorice may be added, if desired.—*The Medical Standard*.

The MEDICAL EXAMINER & PRACTITIONER,

Issue of May, 1903, says:

POSITIVE RESULTS.

As far as positive results are concerned it is safe to assert that no preparation of iron ever introduced to the medical profession has met the requirements to the extent that the pharmaceutical product, Gude's Pepto-Mangan, has done. Unlike many articles claiming to be "Just the same," or "Just as good," it has stood the test of years in the hands of the practitioner, and has been submitted to the severest clinical investigations by eminent men in the profession, both in hospital and private practice.

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D. A. BOBB, M. D.
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Shelbyville, Ind.

Book Notes.

ALL BOOKS reviewed in these columns may be examined by prospective purchasers, at the JOURNAL Editorial rooms from 10 to 12 daily, within thirty days of the appearance of the review. We invite students to examine these publications. Publishers will please notify us of the net price of all books.

The Year Book Publishers, 40 Dearborn St., Chicago, have issued the *Year Book* for December.

"*Eye, Ear, Nose and Throat.*"—This is the third volume of the new series. Those who are familiar with these Year Books will require no further recommendation than that it is in every way equal to those of previous years.

The general practitioner and specialist alike will find this volume a valuable assistance in keeping abreast of the times. The most striking advances have been in the application of X-rays in the treatment of ocular neoplasms and other lesions. Plastic operations have also received a great deal of attention.

Price of volume, \$1.30; price of series, \$5.50.

The Blues (Splanchnic Neurasthenia) Causes and Cure.—By Albert Abrams, A. M., M. D., (Heidelberg), F. R. M. S. Substantially bound in cloth, 240 pages, Illustrated, Postpaid, \$1.50. E. B. Treat & Co., Publishers, 241-243 W. 23d St., N. Y.

The object of this book, according to the author's preface, is to direct attention to a new and heretofore undescribed variety of nerve exhaustion which he has designated Splanchnic Neurasthenia. The congestion of the

intra-abdominal veins due principally to lack of tonicity of the abdominal muscles, is given as the cause of this condition, and the results are manifested by periods of nerve depression, commonly known as "the blues." The author's style is at once entertaining and convincing, his reasoning sound and logical. It is seldom indeed that such a practical treatise on a medical subject is presented in such an eminently readable form.

The doctor's treatment is no less thorough than his exposition of cause and effect. The work will be of special interest here in that Dr. Abrams is a resident of San Francisco, and the book is certainly worth reading and remembering.

The Self-Cure of Consumption Without Medicine.—By Chas. H. Stanley Davis, M. D. E. B. Treat & Co., Publishers, N. Y. Price, 75 cents.

This very useful and practical little book is written with the idea in mind that consumption can be practically stamped out as has been typhus, Asiatic, cholera, small pox, etc. All physicians recognize the necessity of action against the spread of this disease. The object of the book is to show that before actual decay of the lungs takes place it can be cured in the majority of cases. The author has been guided by the results of sanatorium methods both in this country and abroad. The methods considered are out-door, dietetic, hygiene and climatic, together with treatment in sanatoria. A chapter also is devoted to the prevention of consump-

tion. Altogether it is a valuable book for those of your patients that you are sending to another climate or those who through heredity and environment are predisposed to the disease. The doctor himself will find in it many suggestions as to diet and hygiene.

Atlas of Anatomy for Students and General Practitioners.—By Professor Carl Toldt, M. D., and k. k. Hofrath, Senior Professor of Anatomy in Vienna. Only authorized English Translation from the third German edition by M. Eden Paul, M. D. With Woodcuts (many in several colors) and Explanatory Text. The explanations are given in the English as well as in the International nomenclature, a circumstance which will recommend the work particularly to teachers and students.

Part II. Ligaments.—We take great pleasure in announcing the appearance of the second volume of this admirable series. The atlas of the articulations is, if anything, more valuable than the preceding one of osteology. As a book of reference for the practitioner and as a complement to dissection for the student the atlas has no equal. Each articulation is shown in every position necessary to an exact knowledge of its structure. One feature of the plates is that the muscular structures are all colored, thus giving a clear representation of the anatomical relationship. The careful student of anatomy can find no better means of firmly fixing in his mind the knowledge gained from text books and from the dissecting room than this remarkable atlas.

Introduction to the Study of Malarial Diseases.—By Reinhold Ruge. Translated by P. Edgar, M. B., C. M., Edin, District Surgeon, Teluk Anson, F. M. S., and M. Eden Paul, M. D., Brux., M. R. C. S., L. R. C. P.

Royal 8vo., 144 pages, with 48 illustrations, including a number of valuable Temperature Charts in the text, and two Plates; bound in Full Buckram. Price, \$2.75.

The object of this extremely interesting book is to facilitate the recognition, management and prevention of malarial fever. It is written with especial reference to the naval and colonial surgeons, often thrown entirely on their own resources in tropical countries. The methods of investigation and the errors that may arise are all carefully described; the temperature charts are reproduced and the diagnostic symptoms carefully described. The book contains two plates of micro-photographs of the malarial parasites. Full directions are given for the microscopical examination of the blood. In short the book is invaluable to any physician in a malarial country.

Portfolio of Dermochromes.—By Professor Jacobi of Freiburg im Breisgau. English adaptation of text by J. J. Pringle, M. B., F. R. C. P., Physician to the Department for Diseases of the Skin at the Middlesex Hospital, London.

Publishers' Announcement.—This work contains plates of Dermochromes beautifully reproduced in natural tints by a new four color process, il-

lustrating the common diseases of the skin and venereal affections which the general practitioner has frequent opportunities of observing in his daily practice. Each plate is accompanied by a page or more of explanatory text containing practical points in treatment.

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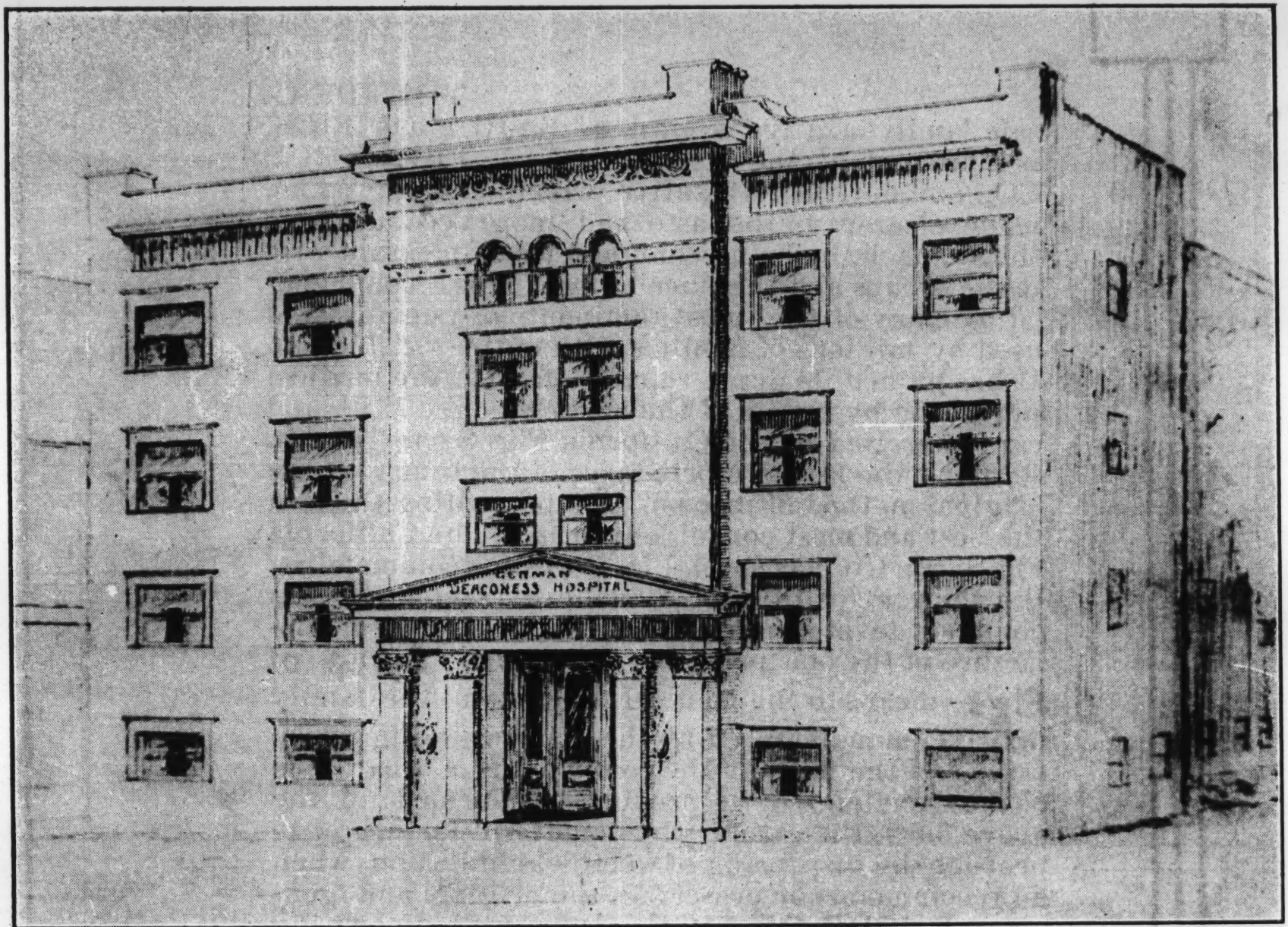
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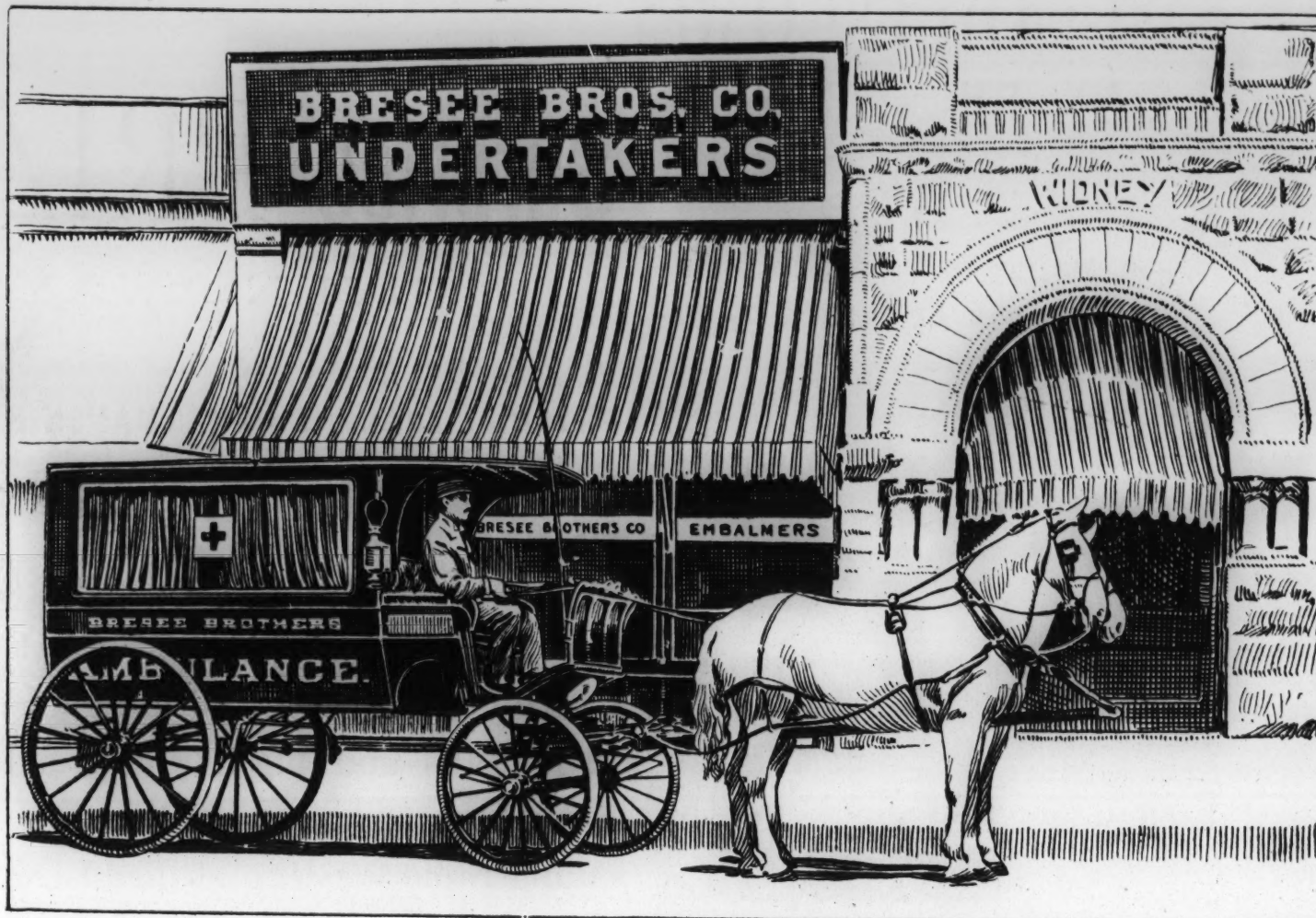
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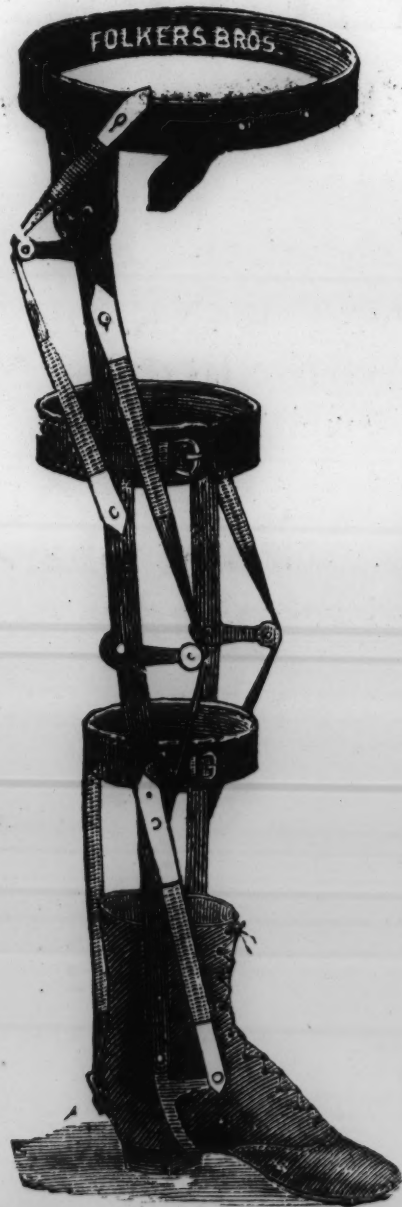
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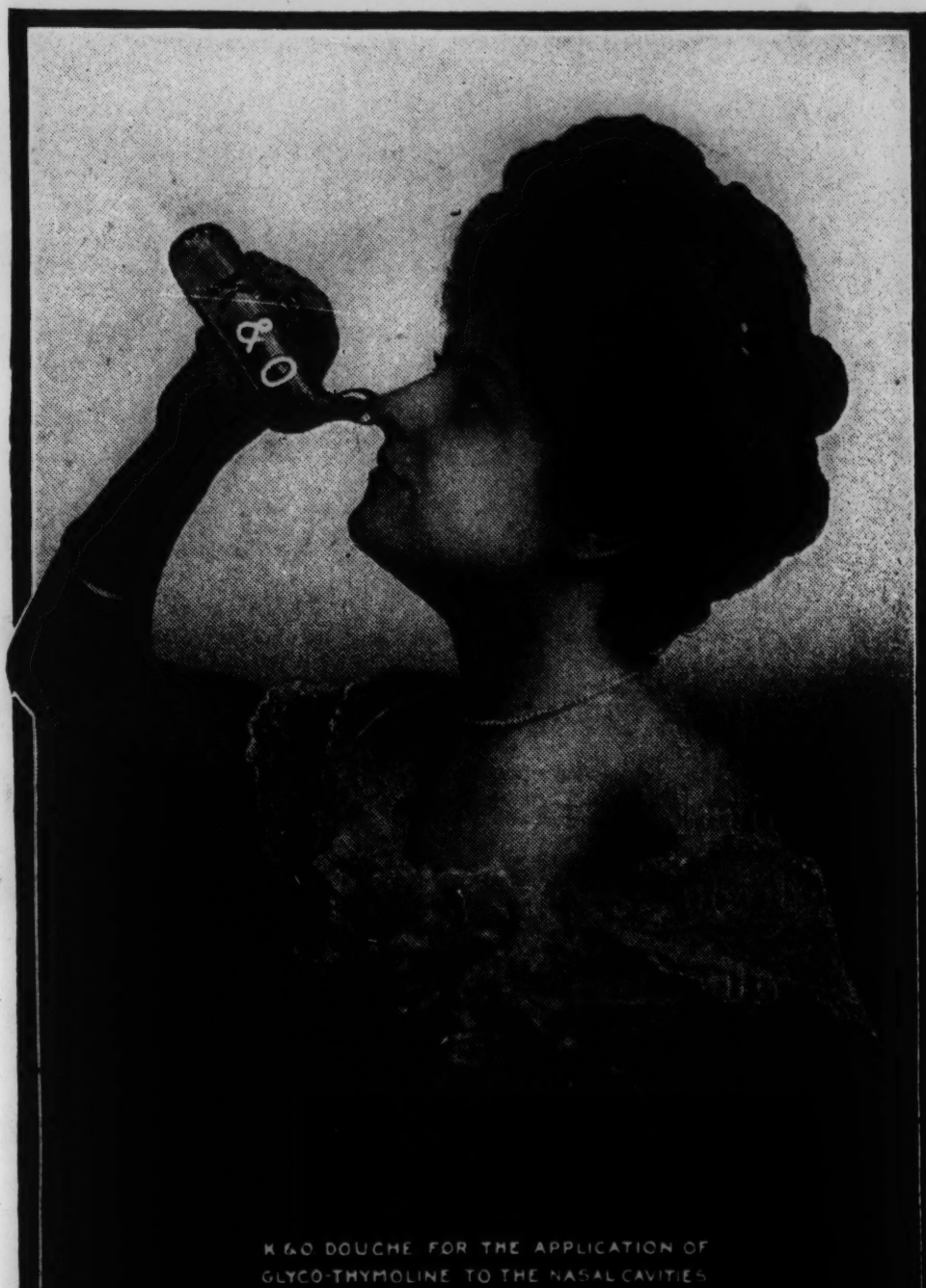
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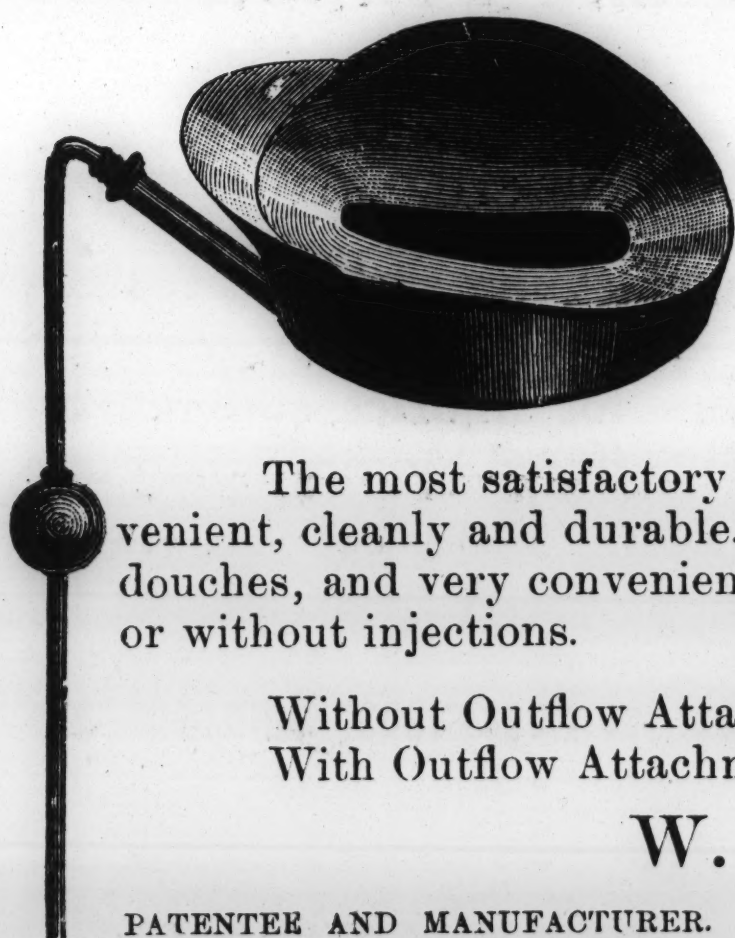
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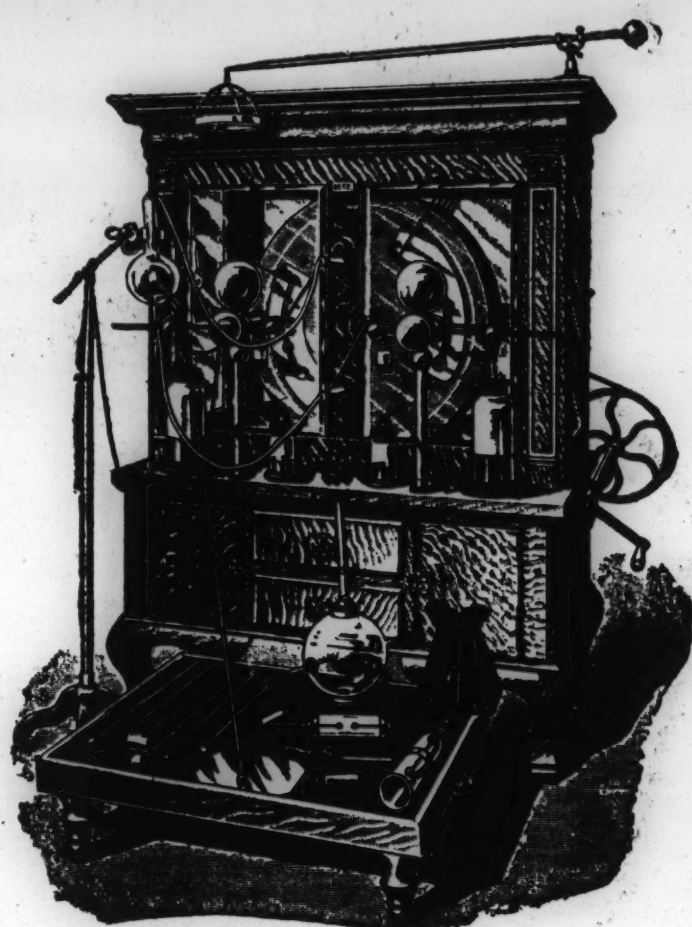
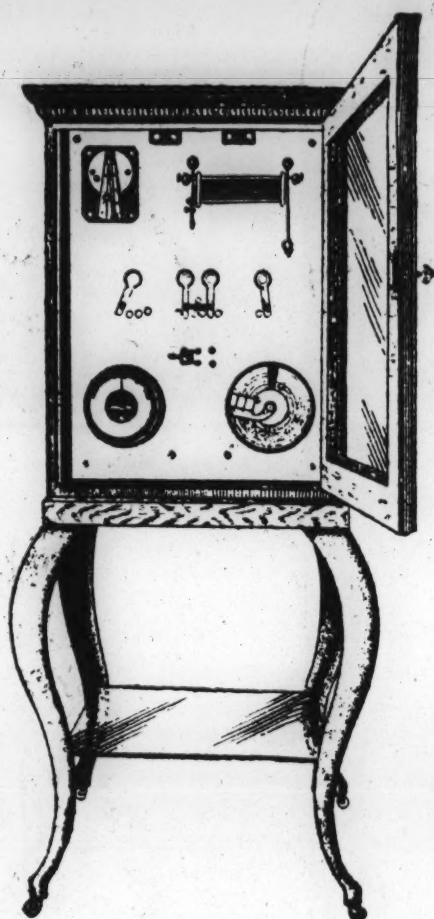
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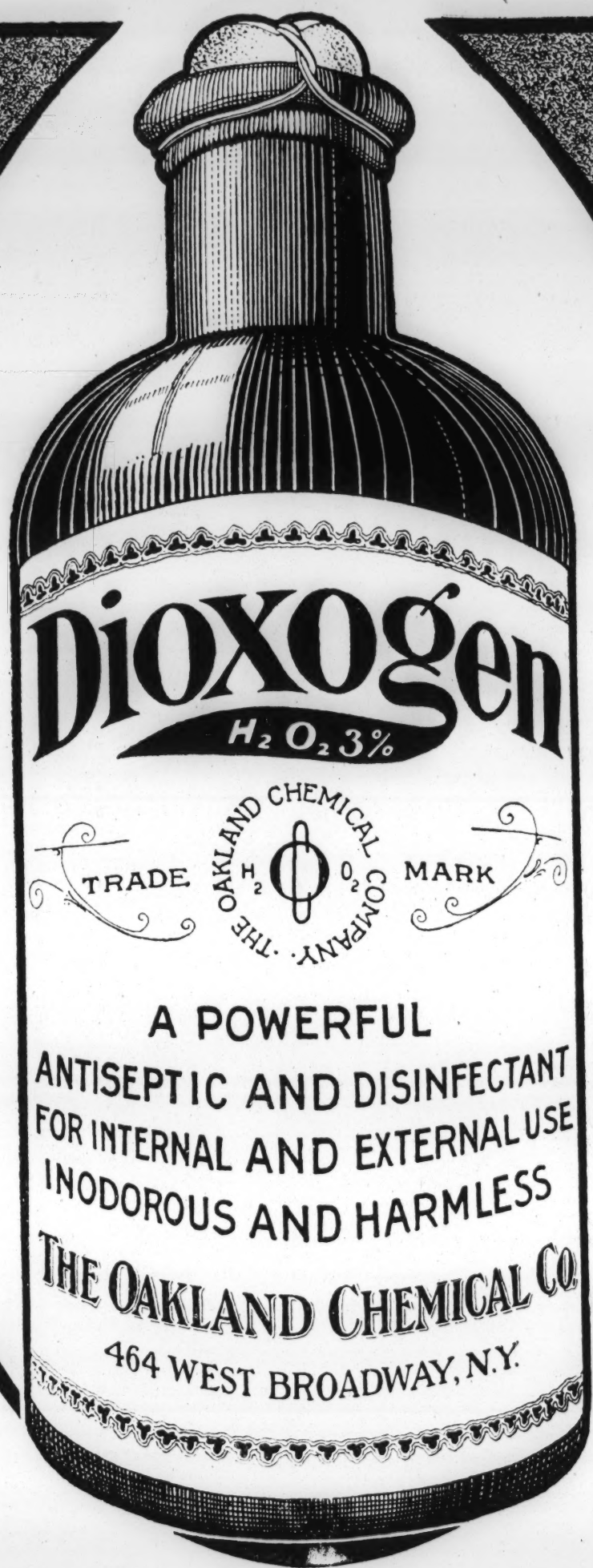
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